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Dated: 10/18/02

Signature:

Maureen Prestia  
(Maureen Prestia)

#7  
ALN215  
10/30/02

Docket No.: BVTP-P01-590  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Park *et al.*

Group Art Unit: 3763

Application No.: 10/023,259

Examiner: Not Yet Assigned

For: MICRONEEDLE DEVICES AND  
PRODUCTION THEREOF

Filed: December 14, 2001

CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents  
Washington, DC 20231

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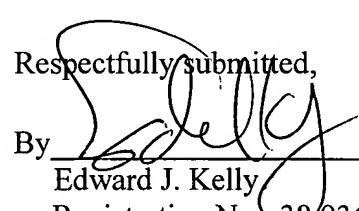
Dear Sir:

Please note that the Attorney Docket Number has been changed from GTRC-2190 to **BVTP-P01-590**. Please reference **BVTP-P01-590** on all future correspondence.

Date: OCT 2002

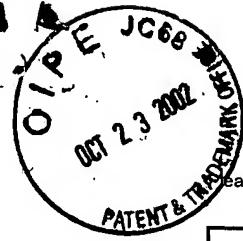
Respectfully submitted,

By

  
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Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

3763

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/023,259
		Filing Date	December 14, 2001
		First Named Inventor	Park et al.
		Group Art Unit	3763
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	BVTP-P01-590

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Change of Attorney Docket No. Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature	
Date	Oct 24

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